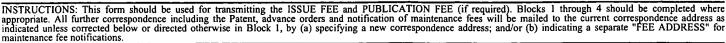
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Complete and send this form, together with applicable fee(s), to: Mail

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06/21/2004

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APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/869,841	07/06/2001	Filippo Montanari	34907/GM/1P	8985

TITLE OF INVENTION: SHOWER APPARATUS

ı	APPLN, TYPE	SMALL ENTITY	ISSUE FE	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
•	nonprovisional	XX YES	<b>XXX</b> \$ 665	X	\$0	<b>XXXX</b> \$ 665	09/21/2004
١	EXAM	IINER	ART UNI	IT	CLASS-SUBCLASS		
,	AMIRI,	NAHID	3635		052-034000		
1. Change of correspondence address or indication of "Fee Address" (37					nting on the patent front page	list (1) the	

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- 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
- Guido MODIANO
- Albert JOSIF
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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Please check the appropriate assignee category or categories (will not be printed on the pa	atent); 🚨 individual 🚨 corporation or other private group entity 🚨 government						
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